


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004500 (1)

1. Corporation Name

GARDENS VILLAS RESIDENT ASSOC., INC.

Principal Place of Business

Mailing Address

60-A SANDLEWOOD DRIVE
CLEARWATER FL 33759

60-A SANDLEWOOD DRIVE
CLEARWATER FL 33759

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, JOHNNY L
60-A SANDLEWOOD DRIVE
CLEARWATER FL 33759

81 Name Diana Washington

82 Street Address (P.O. Box Number is Not Acceptable)

60-A-SANDLEWOOD DR C

83

84 City

Clearwater

FL

85 Zip Code

33759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Diana Washington

Diana Washington

4-27-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D GRAHAM, WILLIAM
STREET ADDRESS 1564 SCOTT ST
CITY-ST-ZIP CLEARWATER FL 33755

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
William Graham

TITLE ☐ DELETE
NAME D PEOPLE, TRACEY S
STREET ADDRESS 1001 8TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
Tracey Peoples

TITLE ☐ DELETE
NAME D RODRIGUEZ, JUDY
STREET ADDRESS 2941-I TANGLEWOOD DR
CITY-ST-ZIP CLEARWATER FL 33759

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
Judy Rodriguez

TITLE ☐ DELETE
NAME S JOHNSTON, CHRISTY
STREET ADDRESS 60-E SANDLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33759

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
Christy Johnston
Secretary

TITLE ☐ DELETE
NAME S LONG, LINDA
STREET ADDRESS 101-E SANDLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33759

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
Linda Long
Secretary

TITLE ☐ DELETE
NAME T ARROYO, KELLY
STREET ADDRESS 103-A TANGLEWOOD DR
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition
Kelly M. Arroyo
Treasurer

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christy Johnston 4/27/98

CP2E037 (10/97)